Attic Treasures Sale & Spring Artisan Fair Bring Your Treasures, Old and New

At Warwick Memorial United Methodist Church April 27th, 2024

Participant Application Form

Name:
Address:
Email Address:
Phone (cell or land line):
Please select which applies to you with the name/description of what you are selling:
Yard Sale – Attic Treasures Items Only
Yard Sale and Craft Items:
Vendor/Craft Items:
Fees: \$15 per table or space, \$10 each additional table (maximum 3 tables/spaces)
Whole classroom space (4 spaces available) is \$40 (aprox. 3 tables w/extra space (good for larger items/furniture or display racks that take up a little more floor space.)
I would like tables/spaces classroom (first come first served)
If you need electricity, please let us know with this application, you will need to use a yellow outdoor

extension cord as we cannot promise you will be directly behind an outlet.

Payment can be made to Warwick Memorial United Methodist Church by check, money order, cash or credit

If you would like to pay by credit card, please call 757-877-2270. If you wish to pay by credit card, please complete this form and return by mail to WMUMC, 38 Hoopes Rd., Newport News, VA 23602 or email to

Warwick.memorial@wmumc.org. If you are paying by check, please include check or money order with the form made payable to Warwick Memorial UMC. Provide your email address and an invoice can be sent for credit card payment or you can call or stop by the church office.

Waiver of Release:

(Acknowledgement of risk of injury clause): "As a participant in this event, I recognize and acknowledge that there are certain risks of physical injury and agree to assume full risk of all injuries, including death, damages, or loss which I or my employee(s) or volunteers may sustain as a result of participating in any and all activities with or associated with this event." (Release from liability clause): "I do hereby fully release and discharge Warwick Memorial United Methodist Church and their respective Officers, Board Members, Directors, Employees, and agents, from any and all liability, damages, costs and expenses arising out of or

related to any bodily injuries or accidents which may occur during or as a result of my participation in this program, and other officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my employee(s) or volunteers may have or what may accrue to me or my employee(s) or volunteers on account of my participation in this event." (Indemnity and defense clause): "I further agree to indemnify and hold harmless and defend Warwick Memorial United Methodist Church and other officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my employee(s) or volunteers and arising out of, connected with or in any way associated with the activities of the event." (Waiver of claim for injury claims): "I agree to waive and relinquish all claims I or my employee(s) or volunteers may have as a result of participating in this event against Warwick Memorial United Methodist Church and their officers, agents, servants and employees." (Vendors: If you have insurance with your business, feel free to provide us with a copy of the liability waiver.) Name Date Things to know: Event Date: April 27th. Please return this form to the church office by April 19th. Return by mail to Warwick Memorial UMC, 38 Hoopes Road, Newport News, VA 23602. Contact Denise Workinger, Zena Myall or Vanessa Sczesny. Payment must be in the office by Monday, April 22nd. Friday will be available for set-up. Please respect the space and other vendors, we recommend small children not be running around unless they are helping you to set up. We will let you know the time that the facility will be open on Friday for set-up. Day of show we will open doors for vendors by 7:30am, we ask that you be ready at your table for sales by 8:50am. Please do not pack up before 3pm unless you have sold out of your wares. Other requests you have that we might be able to cover for you? Or questions you have?

Warwick Memorial UMC to complete:

We will return a copy of this application to you after we process your payment.

Application Received on _______ by ______

Amount Paid: ______

Additional Details for the vendor to know: _______